

Letters to The Hobbit

Recently, The Hobbit has received some letters from alert *SMA News* readers. The Hobbit would like to take this opportunity to share these letters with the rest of you wonderful readers of this inconsequential and irrelevant column "The Hobbit". If anyone can offer suggestions to how we can help these folks out, please mail your comments to:



Dear Hobbit,

Is Dengue Treatment Rocket Science?

In the 8 September 2005 edition of *The Straits Times*, it was reported that an infectious disease specialist had to teach KK doctors how to treat dengue. I am upset at this remark. It demeans the skills of the KK doctors. Dengue fever is an easy disease to manage and any doctor can manage a simple case. DHF is another matter altogether. Of course, in the case of DHF, the patient should not have been at KK in the first place, right?

Yours sincerely,

Caesar Ryan Lee, Ex-KK Houseman

Dear Hobbit,

Singapore Better than UK

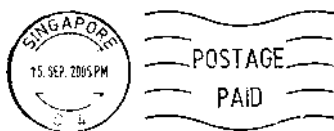
I am very upset. I am a UK grad Singaporean now working in Singapore. I was told to apply for Internal Medicine traineeship by my boss earlier this year. Dutifully I did.

I just passed my MRCP. Now I am told that my years of training in Neurology and Gastroenterology as a SHO in London Royal

Free will not be recognised as training by the STC here. In other words, though I have my MRCP now, I will only qualify to be appointed as AST (Registrar) in 2008! To add insult to injury, I have been offered a job in a reasonably prestigious university hospital in London and this university hospital has no problems recognising my training here in Singapore!

Does that mean that Singapore has a higher standard than university hospitals in London? Or are we just xenophobes? How do we expect to be a medical hub if we alienate ourselves from developed countries like UK? Are all of our older specialists trained in UK, USA or Australia? Or have we surpassed the British such that they will recognise the training we provide but we do not reciprocate this courtesy? There are several of us in the same boat and we are thinking of leaving our homel and to return to UK for further training if this is the kind of nonsense we have to put up with in our own country.

Yours faithfully,
Singapore Girl, Frustrated MOS, UK Grad



Dear Hobbit,

“Luke, you will join me in the Dark Side. Or die.”

I am a 3rd year MO in a local tertiary hospital and a UK graduate. Last year, I was invited to apply for a hospital-based traineeship programme in Internal Medicine by this same venerable tertiary hospital. I felt honoured indeed to be asked to do so by my head of department, a distinguished professor whom I respect very much. He said I had done well as an MO and the department would like me to be their trainee. His remarks were the highpoint of my short medical career so far.

Later, I was most thankful when I found out that I was successful in my application. The professor told me then that the next step I had to do was to apply for the nationwide STC this year. Once I was conferred traineeship status by the STC, he would get my official training backdated to when I first started working in this same tertiary hospital.

Now I am told that the STC has decided that it would NOT recognise the tertiary hospital’s in-house traineeship programme. Recognition of my BST training will only commence when I am formally appointed as BST by the STC (that is, from this year if I am successful – no guarantee). In other words, I can only be a Registrar earliest 2008. However, I am ready to take the MRCP as I already have the requisite postings and experience. I toyed with the idea that I should not apply to be a ‘national’ BST and take the MRCP on my own. Then, if I pass, I can apply to the STC to be an AST next year. I was told by the powers-that-be that if I am not a STC BST, I won’t stand much of a chance to be appointed AST by STC. This is because preference will be given to AST applicants who were BST trainees. Therefore, I should still apply for BST now and hope to become Registrar in 2008 – when I will probably pass my MRCP in 2006.

I have several questions which I hope you can help me answer:

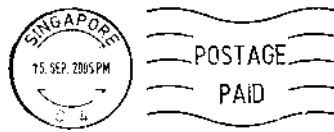
- a) I know quite a few Singaporean doctors who are now working overseas. If this is the case (of giving preference to BSTs for AST positions), does it also mean that they have no hope of coming back as Registrars? Some are already thinking of taking up PR and even citizenship in UK. This may be the last straw for them.
- b) Why is it that STC does not recognise in-house training programmes offered by this local public sector tertiary hospital? Should I have done my research and background checks first and found out that this in-

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house training programme is really a fly-by-night job?

I am feeling lost and frustrated. In fact, I think I am quite depressed and I have actually lost 3kg mulling over this.

Yours desperately,
Dr Luke “Tian” Walker, Deceived UK Grad



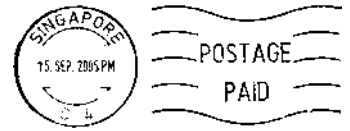
Dear Hobbit,

How I Lost My Life Savings

I am a 33-year-old GP. I finished my 5-year-bond and did locum for one year before I saved up enough money to allow me to decide to take over a practice located in a HDB shop-house last year. The previous GP was going to emigrate to Perth and had decided to sell the practice to me. All these years, he was renting the shop-house from the owner who had previously run a provision shop from the same premises. Two months ago, I had the shock of my life – the entire block of shop-houses was going to be returned to HDB for redevelopment. All the owners will be paid compensation, but not tenants. I had invested some S\$40,000 just to spruce up the place with furniture, lighting and equipment. In addition, I paid the previous GP about S\$8,000 for some old stuff he left behind. I had barely been in this place for more than a year and now it looks like I have to write off about S\$50,000 (my life-long savings)!

What can I do?

Yours sincerely,
Dr Soo Ka Leow, Despairing GP



Dear Hobbit,

Confused by Irradiation?

I am a retired radiologist now residing in Gold Coast with my children and grandchildren (what to do, those blasted kids can't pass Chinese!) for the past two years. I read with great interest the recent news on teleradiology and possible outsourcing of reading of plain films by our hospitals. How can I be a part of it? I don't mind a little extra income to spend at the Gold Coast casinos... (until the Singapore IR comes up and I may just return to Singapore for good!)

Having said that, I am also worried that I may be a bit out of touch. You see, contrary to naïve perceptions, reading of CTs and MRIs (while taking more time than plain X-rays because there are so many slices in CT scans and MRI scans) is really technically undemanding when compared to plain X-rays and mammograms. This is because with modern software enhancing images so superbly, and faster and more powerful CT and MRI machines, reading CT and MRI scans (almost 3-dimension modalities) is really quite easy. It is reading of the good old X-rays and mammograms (2-dimension modalities) that are technically demanding!

In other words, our Singapore hospitals may really end up outsourcing the technically difficult (but cheap) work and keeping the simple but expensive/well-paying work back home. I have no problems with either reading MRI and CT or plain X-rays since I am just a retired old coot looking for pocket money. But I do fear for the quality of our radiology training and radiologists in years to come.

Yours sincerely,
Dr Roentgen Tan, Old Coot Radiologist ■

Disclaimer: For the avoidance of doubt, this article is pure satire. Any semblance to anything or anyone real (unless otherwise and obviously stated), alive or dead, are clearly coincidental.